



**PATIENT PRESENTING CLINICAL SIGNS**

Trouble Antonacci

Recheck AUS. History bilateral kidney changes, possible chronic pancreatitis, suspected inflammatory enteropathy. Prior exam 9/11/20, R. McKenzie Daniel, DVM, SonoPath. Currently presenting with regurgitation - on z/d diet. fPL normal. Medications: Prednisolone, methimazole, mirtaz ointment

**SPECIES**

Feline

**Urinary System**

**BREED**

DSH

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of - cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Moderate non-dependent particulate sediment was present along with mild mineralized sand. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

**SEX**

MN

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Static focal area of nonobstructive medullary mineral present in the right kidney. The right kidney measured 3.9 cm in length. The left kidney measured 3.9 cm in length.

**AGE**

17 years

**Adrenal Glands**

**WEIGHT**

12.76 lbs.

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.31 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 cm width.

**INTERPRETED BY**

R. McKenzie Daniel, DVM,  
 DABVP (Canine and  
 Feline)

**Spleen**

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**Liver/ Gallbladder**

**HOSPITAL NAME**

Falmouth AH

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**REFERRING VET**

Lilan Hauser, DVM

**Gastrointestinal**

**INVOICE**

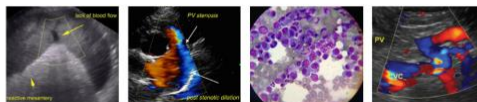
13385

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no evidence of retained ingesta, fluid or foreign material. The gastric body wall measured 0.25 cm.

**DATE**

1/10/22

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall measured 0.21 cm. The jejunum wall measured 0.2 cm.



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Normal visible colon wall layers were present with apparent formed feces in lumen. The ileocolic wall measured 0.28 cm.

**Pancreas**

**SPECIES**

Feline

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

**Free Abdomen**

**BREED**

DSH

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

MN

- Urinary bladder moderate non-dependent particulate sediment with mild mineralized sand
- Static chronic renal changes with focal non-obstructive right kidney medullary mineral
- Overtly normal gastrointestinal tract and colon
- Heterogeneous pancreas

**AGE**

17 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

12.76 lbs.

Cystocentesis, full urinalysis +/- urine culture and sensitivity, if evidence of inflammatory cells, is recommended. Potentially, current prednisolone may be masking intestinal mural changes. No signs of active or chronic active pancreatitis given the normal FPL. Potential for age-related pancreatic changes, remodeling (owing to previous inflammation) or possible low-grade to chronic pancreatitis possible. Potential for low-grade gastritis or esophagitis possible. Three-view chest radiographs suggested to rule out occult thoracic or esophageal pathology as the potential cause of the regurgitation. Continued canned hydrolyzed diet with potential for smaller more frequent feedings and gastric protectant trial may prove beneficial.

**INTERPRETED BY**

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 DABVP (Canine and  
 Feline)

**IMAGING**

**PERFORMED BY**

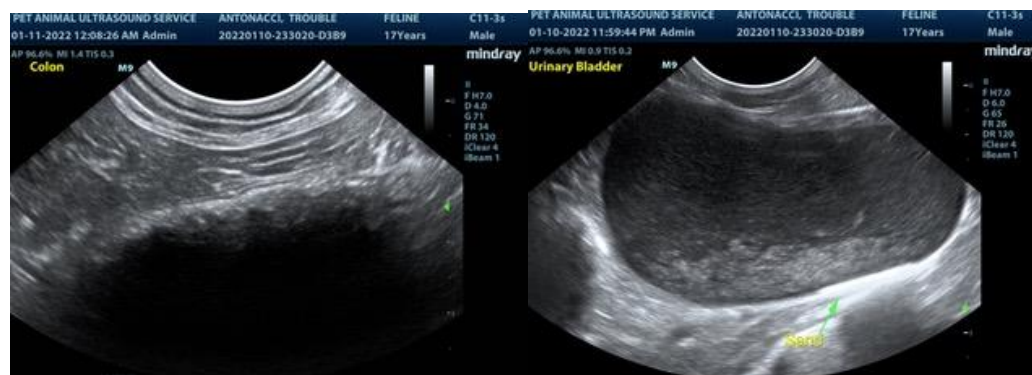
Pamela Harrigan, RDCS

**HOSPITAL NAME**

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**REFERRING VET**

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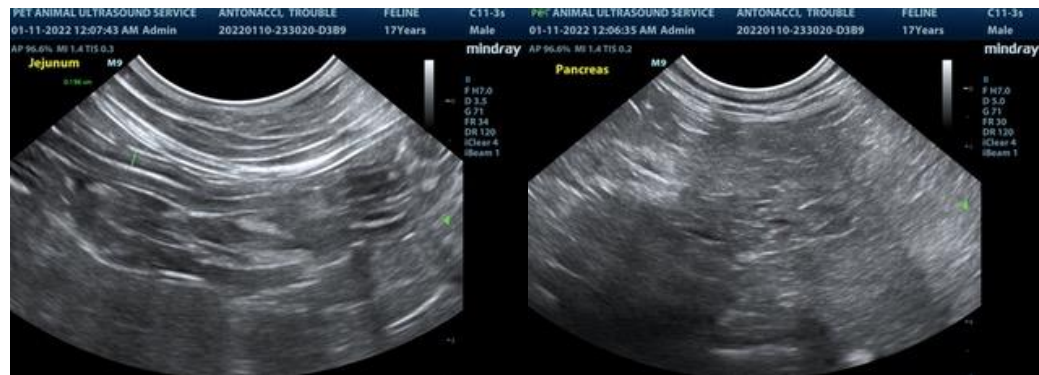
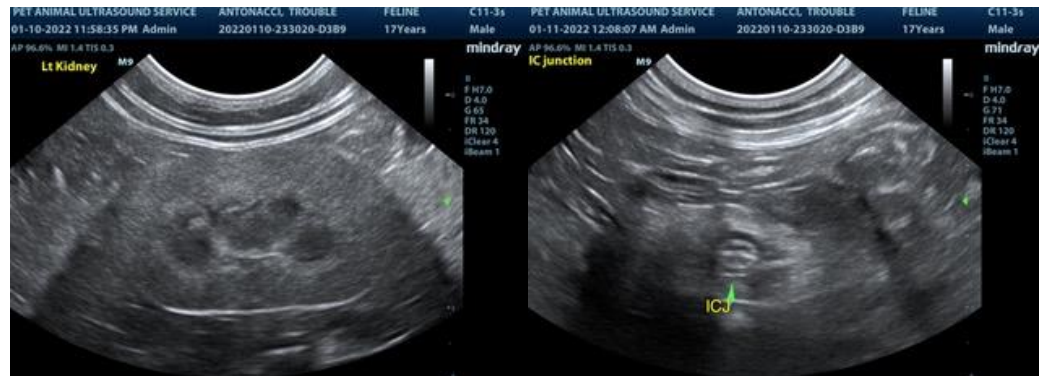
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not



**PATIENT**

visible in the image/video clips provided.

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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Feline

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**info@SonoPath.com**

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